

GUIDELINE FOR THE DEVELOPMENT OF PROTOCOLS FOR MEDICAL CONTROL PHYSICIAN ORIENTATION

Purpose: To assist hospitals in developing a comprehensive, written, orientation training program for all physicians who provide medical direction pursuant to the Emergency Medical Service affiliation agreement.

Regulation: Hospital Licensure Regulation 105 CMR 130.1503(C)
The Affiliate Hospital Medical Director shall provide appropriate orientation to all physicians who provide medical direction pursuant to the affiliation agreement, including but not limited to information regarding local EMS providers and point-of-entry plans.

Guideline: Physician orientation training includes but is not limited to the following:

System Overview

Department of Public Health, Office of Emergency Medical Services (OEMS)
Emergency Medical Services System Regulations - 105 CMR 170.000
Medical Control Service Regulations - 105 CMR 130.1500 - 130.1504
Role of Regions as part of Emergency Medical Services (Region I-V)
Role of EMT personnel and their limitations under licensure/certification (e.g., Paramedic, Intermediate, Basic, First Responder), ambulance license, and staffing configuration
EMS System models, e.g., fire service based, commercial, hospital-based, volunteer, tiered response, "third service" municipal model
EMS and hospital affiliation
Role of Affiliate Hospital Medical Director and medical control physicians
Service area, local geographic features, hospitals' capability, e.g., designated Trauma, Stroke Service
Aeromedical Resource, e.g., availability, criteria for contact
Other issues, e.g., HAZMAT, bioterrorism, decontamination, disaster resources

Medicolegal Aspects

Responsibilities/liabilities, including M.G.L. Chapter 111C
HIPAA
EMTALA

Principles of Medical Direction

Procedures/methods for field to hospital notification, e.g., CMED, cell phones, recording devices
Procedures for medical direction communication, e.g., opening statement and identification
On-line etiquette/professionalism
Confirmation of Orders
Limitations of pre-hospital treatment
Statewide Treatment Protocols, e.g., format, content, need for compliance, approved
Point-of-entry protocols, e.g., trauma, stroke, STEMI, pediatric critical care
Administrative advisories
Acceptable medications (required, optional), special project waivers, deviation from Protocols (Rule 13)
Medical direction for interfacility transfers, e.g., interfacility medications, equipment, staff

ED Diversion

Who/when/how long

Patients who may not be diverted, e.g., trauma, stroke, STEMI, pediatric critical care,
patients who received services under special project waivers

Radio Communication System

CMED

Call Priority (Priority 1-4)

Proper use of equipment

Troubleshooting system

Audio recordings and tapes, e.g., access, storage issues

QA/QI

Methods/process

EMT performance reviews – methods/process

Medical control physician performance reviews – methods/process

Remediation

QA conferences, meetings, educational programs, Morbidity and Mortality Rounds

Field Observation

Consider ED staff field observation of EMS Services